(<u>SAMPLE</u>)

INSURANCE PRODUCER FEE DISCLOSURE (L&H) (Date)

Prepared For:	Mr. and Mrs. Consumer Street Address City, State Zip	
Prepared By:	Insurance Producer Any Insurance Agency Street Address City, State Zip (Area Code) Phone Number License No. Firm No.	
Services To Be Provided:		
	search and recommendation on health care, disability, lo ompletion of forms for medical savings account.	ng-term care and
Work To Be Completed By: Fee Schedule:	March 15, 2003 Financial Plan Research and Recommend Coverage Total	\$ 800.00 \$ 400.00 \$1200.00
Type of Other Fee(s) Received:	Life Commissions Disability Commissions Long-Term Care Commissions	\$ \$ \$
Fee(s) Negotiated: Yes	No	
Qualifications:		
Occupational/ Education	al Background	
Designated as Certified F	licensed agent in all lines of insurance. Securities licensed licensed lines in ancial Planner 1990. Twelve years' experience in firsuring and economics. Other designations include CLU at	nancial planning,
CLIENT ATTESTATION:		
By signing below I acknowledge the received a copy of this form.	nat I have reviewed the information provided in this disc	closure and have
Client Signature	Date	
	evant facts concerning services to be provided and the received for providing the services described.	fees, charges or
Producer's Signature	Date	